

U.S. Department of Labor

Employment and Training Administration
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Reply to the Attention of: II TGJ/OSA

November 15, 2005

REGION 2 PRH SUPPLEMENT No.

4.5 CTS Reporting

TO: ALL REGION II JOB CORPS CONTRACT CENTER
DIRECTORS
ALL REGION II JOB CORPS CAREER TRANSITION OFFICES
ALL REGION II CAREER TRANSITION OPERATORS

SUBJECT: Revised Format for CTS Monthly Narrative Reports

1. **Purpose:** To revise the required format for reporting monthly career transition activities.
2. **Background:** With the addition of Job Developers to the CTS contracts, there is a need to revise the Career Transition Services (CTS) reporting format. The monthly statistics section has been changed to identify caseload size and to report JTM placements. Additional sections have been added to include monthly job development activities, pre-separation contact with students and support services for the month.
3. **Action:** Effective immediately, Career Transition Services operators are required to use the revised format (attached) when submitting their monthly CTS reports. **The reporting date remains the 10th day of the month following the reported month.** Copies should be sent your Government Authorized Representative, Regional Director and the Division Chief of Operations.
4. **Inquiries:** Questions regarding this Supplement may be addressed to your Project Manager.

LYNN A. INTREPIDI
Regional Director
Office of Job Corps

Attachment

**CAREER TRANSITION SERVICES
MONTHLY NARRATIVE REPORT**

CONTRACTOR NAME:	
REPORTING PERIOD (Month/Year):	

1. CASELOAD ANALYSIS:

CTS SPECIALIST NAME	FORMER ENROLLEE	GRADUATES		TOTAL		# Grad JTM Matches	# GRAD Time Expired
		Placed	Not Placed				

2. MONTHLY JOB DEVELOPMENT ACTIVITY:

- a. Number of jobs developed by CTS during the month: _____
- b. Number of students placed in jobs developed by CTS staff members: _____
- c. Number of JTM placements this month: _____

3. PRE-SEPARATION CONTACT WITH STUDENTS:

PRE-SEPARATION			PDOF CONTACT	
CENTER	# OF STUDENTS		CENTER	# OF STUDENTS

4. **SUPPORT SERVICES PROVIDED:**

(Provide a brief statement on the types of support services provided during the month)

5. **STAFF CHANGES:**

TOTAL FTE: **Authorized:** _____ **Filled:** _____

Vacancies (list position title, date of vacancy, and current status):

Position Title	Date of Vacancy	Current Status

6. **CENTER VISITS:**

Staff Member	Position	Center Visited	Date	Purpose/Activities/Accomplishments

7. **PENDING ISSUES/CONCERNS AND RECOMMENDATIONS:**